

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G651		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/13/2011	
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 628 ROSS AVENUE WARSAW, IN46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 12, 13, 2011.</p> <p>Facility number: 001181 Provider number: 15G651 AIM number: 100234730</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/21/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0242	<p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #3), the facility failed to develop a specific training objective which addressed basic training needs in regards to oral hygiene and bathing.</p> <p>Findings include:</p>			W0242	<p>W242</p> <p>The individual program plan must include,</p> <p>for those clients who lack them, training</p> <p>in personal skills essential for privacy and</p> <p>independence (including, but not limited</p>		09/27/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Client #3's record was reviewed on 9/13/11 at 2:30 PM. Client #3's Comprehensive Functional Assessment dated 1/4/11 indicated he was not independent in the area of dental hygiene and bathing. Client #3's 5/25/11 dental examination indicated client #3 had gingivitis. Client #3's 1/4/11 Individual Support Plan did not include formal objectives to address his oral hygiene and bathing needs.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/13/11 at 3:00 PM and indicated client #3 had informal goals regarding oral hygiene and bathing.</p> <p>1.1-3-4(a)</p>				<p>to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>QMRP's were re-trained on requirements of individualized program plans to include the essential skills listed above according to state and federal regulations. Training took place on 9-26-11 and 9-27-11 .</p> <p>(See attachment A)</p> <p>Client #3 was re-assessed to determine appropriate programming for oral hygiene and bathing specific goals based on identified needs. Goal was revised. (See attachment B) Staff were trained on these goals on 9-16-11. (See attachment B)</p> <p>Coordinator will monitor development of individualized program plans through documentation review, internal audits and observation.</p>		

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W0460	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon observation, record review, and interview for 1 of 8 clients living in the group home, (client #7), the facility failed to ensure his food was prepared to the consistency as specified in his diet plan.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disability Services (BDDS) were reviewed on 9/12/11 at 3:30 PM and included the following report for client #7: -an incident dated 7/9/11 indicated client #7 choked on watermelon, staff performed the Heimlich maneuver, and client #7 spit up the food. The report indicated client #7 would follow up with his doctor for a swallow study. Attached to the report was a risk assessment for choking and aspiration for client #7 dated 7/15/11 that indicated he was at moderate risk "(Dysphasia/choking plan and/or specialized plan)," and a Dysphagia/(Difficulty in swallowing) Choking Management Plan dated 7/14/11. The choking management plan indicated staff were to be in the same room while client #7 ate, staff were to encourage him to take small bites and assist him in cutting his food into 1/4 " (inch) x 1/2" squares.</p>			W0460	<p>QMRP will ensure ongoing compliance through observation and monthly review of person served objectives.</p> <p>Coordinator and QMRP Responsible.</p> <p>The facility failed to ensure food was properly prepared to the consistency as specified in client # 7 diet plan. Staff received training on person's modified and prescribed diet. By 9/17/2011. (Attachment _C_) The QMRP has also reviewed all nutritional assessments, choking plans, and doctor's orders to ensure that they are accurate and consistent with each other. The QMRP completed an observation to ensure compliance of following client #7 diet/choking plan on 9/27/2011. (Attachment __D__) The Residential Manager completed an observation to ensure compliance of following client # 7 diet/choking plan on 9/23/2011 and 9/26/2011. (Attachment __D__) During additional observations the Residential Manager, QMRP, and Residential Coordinator will monitor that meals are prepared and served according to each individuals prescribed diet. This will ensure the deficiency does</p>		09/27/2011

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	<p>A follow up to the incident report dated 7/9/11 indicated the swallow study results indicated "there is not a need to change [client #7's] diet... [Client #7's] team agrees to continue to implement his choking plan, " and listed the strategies included in his 7/14/11 plan including cutting his food into 1/4" x 1/2" pieces.</p> <p>During the observation period on 9/12/11 from 4:20 PM until 6:35 PM, client #7 ate his dinner at 6:20 PM. Client #7's lettuce was cut into 1 inch by 1/2 inch pieces.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 9/13/11 at 12:20 PM. When asked about client #7's food size served at the evening meal, she indicated client #7's food was to be cut into 1/4 inch by 1/2 inch pieces, and stated, "I noticed that. They'll (staff) need to be trained immediately."</p> <p>1.1-3-8(a)</p>			<p>not occur in the future. Residential Manager, QMRP, and Residential Coordinator Responsible</p>			